Missouri Ethics Commission COMMITTEE DISCLOSURE REPORT COVER PAGE M.E.C. ID NO. CO3 103 6



1. DATE OF REPORT OFFICE USE ONLY

| M.L.O. ID NO | 20102 | — 11 <i>H21</i> 1 | _ '_ ' V |
|----------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------|-----------------------------------------|
| INSTRUCTIONS ON REVERSE SIDE | | — 11/31/0 | 25 |
| 2. FULL NAME OF COMMITTEE | <u> </u> | | |
| Hubbard 4 State Rep |) | | |
| 3. COMMITTEE MAILING ADDRESS | | 4. COMMITTEE TELEF | PHONE NUMBER |
| 1546 Baldhe | | 12111 1002 | .10c/ |
| CITY / STATE / ZIP | | (314) 973- | 7786 |
| Stalous Ma, 6316 | 36 | | 1 |
| 5. TREASURER'S NAME | | _ | |
| Miho Wilson | | , | 1 |
| 6. TREASURER'S MAILING ADDRESS | | 7. TREASURER'S TEL | EPHONE NUMBER |
| 1546 Biddhe | | HOME: 314-973 | -1986 |
| CITY/STATE/ZIP | / | work: N/ | A |
| 8. DEPUTY/REASURER'S NAME CHECK IF NO DEPUTY TR | | | |
| 1 2 | EASURER | | |
| Kodney Ho BBAr 6 | | | • |
| 9. DEPUTY TREASURER'S MAILING ADDRESS | | | RER'S TELEPHONE NUMBER |
| 1025 N 1695T | | HOME: 314-39 | 3-6120 |
| CITY/STATE/ZIP | | WORK: MI | , |
| 11. DATE OF ELECTION JULY, 63 146 | | 40/1/ | i |
| 12.1112.01 | ELECTION (CHECK | | |
| Aug 6,06 | PRIMARY | O GENERAL | O SPECIAL |
| 13. TIME PERIOD COVERED BY THIS STATEMENT | (| 5 / | |
| FROM OUT 1 2005 | THROUGH De | × 31 20 | 05 |
| 14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND | 15. TYPE OF REPO | RT | |
| POLITICAL PARTY | 15 DAYS AFT | ER CAUCUS NOMINATIO | ON |
| $O \cup \cup \cup \cup O \cup \cup$ | COMMITTEE | QUARTERLY REPORT | |
| Rodney HUBBArd | Ja | | Jul 15 Oct 15 |
| 1105T | 8 DAYS BEFO | RE · | 1 |
| 1025 10 10 | 30 DAYS AFTI | ER ELECTION | 1 |
| Rodovey HuBBArd 1025 N 1657 Stalon Mo. 63106 | TERMINATION | N (ATTACH FORM CO | -3) |
| 314-393-6120 | SEMIANNUAL | DEBT REPORT | MISSOURI ETHICS |
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| 16. COMMITTEE TREASURER'S SIGNATURE | 17. CANDIDATE'S SI | GNATURE (CANDIDAT | E COMMITTEES ONLY) |
| I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER | | THIS REPORT, COMPRI | |
| PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. | ACCURATE | TTACHED FORMS, IS C | OMPLETE, TRUE AND |
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Missouri Ethics Commission REPORT SUMMARY

INSTRUCTIONS ON REVERSE SIDE

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DATE OF REPORT

OFFICE USE ONLY

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| RECEIPTS | A. THIS PERIOD | B. THIS ELECTION | STATEMENT | o F |
| TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED | | \$ 400 | BEGINNING AND ENDING FINANCIAL CONDITION | |
| 2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD | \$ 5300 | \$ \$ | | |
| 3. ALL LOANS RECEIVED THIS PERIOD | + \$ | | MONEY ON HAND | |
| 4. MISCELLANEOUS RECEIPTS THIS PERIOD | + \$ | (1) (1) (1) (2) | 25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING | |
| 5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A) | \$ 5300 | 7 X X | FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS) | \$ <u> </u> |
| IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD | + \$ | | 26. MONETARY RECEIPTS THIS PERIOD | |
| TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A) | \$ 5300 | | (FROM ITEM 5) | +\$ 5300.00 |
| FUNDS USED FOR REPAYING LOANS THIS PERIOD | - \$ | | 27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24) | |
| 9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 18 + 7A - 8A) | | \$ 5700 | a) Disbursements By Check \$ 4442.170 b) Disbursements By Cash \$ | -\$4442,70 |
| EXPENDITURES | A. THIS PERIOD | B. THIS ELECTION | MONEY ON HAND AT THE CLOSE OF | 6 6 4 61 |
| 10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED | | \$3278,07 | THIS REPORTING PERIOD (SUM 25 + 26 - 27) | \$ 554,54 |
| 11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD | \$ 4442,70 | | | |
| 12. IN-KIND EXPENDITURES MADE THIS PERIOD | + \$ | | INDEBTEDNE | SS |
| 13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS) | +\$ | | 29. / OUTSTANDING INDEBTEDNESS AT THE | |
| 14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A) | \$ 4442,70 | | BEGINNING OF THIS PERIOD | 5 |
| 15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A) | AND DESCRIPTION OF THE | \$7670,77 | 30. LOANS RECEIVED THIS PERIOD | + \$ |
| CONTRIBUTIONS MADE | A. THIS PERIOD | B. THIS ELECTION | LOANS RECEIVED THIS PERIOD | Τ Φ |
| 16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED | | \$ | 31. | |
| 17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD | \$ | fyr. Ac. Ac. | NEW DEBTS INCURRED THIS PERIOD | + \$ |
| 18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD | +\$ | | 32. PAYMENTS MADE ON LOANS THIS | |
| 19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A) | l 1: | | PERIOD | - \$ |
| 20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A) | | \$ | 33. CREDITS RECEIVED ON LOANS THIS | |
| OTHER DISBURSEMENTS | A. THIS PERIOD | B. THIS ELECTION | PERIOD | - \$ |
| 21 LUNDS USED FOR REPAYING LOANS THIS PERIOD | | M4 M4 M5 | 34. PAYMENTS MADE THIS PERIOD ON | |
| | | | DEBTS INCURRED IN PREVIOUS PERIOD | - \$ |
| 23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE | <u>[</u> : | i de la companya de l | 35. TOTAL INDEBTEDNESS AT THE CLOSE | |
| 24. TOTAL OTHER DISBURSEMENTS THIS | | | OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34) | > |



| CONTRIBUTIONS AND LOANS RECEIVED | |
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| INSTRUCTIONS ON REVERSE SIDE | |

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| 1. NAME OF COMMITTEE OF STORE NO D | 2. REPORT DATE / | |
| A. ITEMIZED CONTRIBUTIONS RECEIVED | 4. DATE RECEIVED | 5. AMOUNT RECEIVED |
| FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING | | (CHECK IF |
| MORE THAN \$100 TO A COMMITTEE. | AGGREGATE TO | MONETARY |
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DATE : | OR IN-KIND) |
| ADDRESS: Jerry M Hunter | 12/-/- | \$ 300 |
| CITY/STATE: 21 KINGSburg /L | 11/05 | \ \ .500 |
| EMPLOYER: Stilling Me. 163112 | ¢ 7 55 | MONETARY |
| COMMITTEE: attorney | \$ 300 | IN-KIND |
| NAME: aleta Tate | | |
| CITY / STATE: St. Cris Mb. 63/36 | 12/2/05 | \$ 100 |
| EMPLOYER: Str Gris My . 63136 | | 1 |
| COMMITTEE: | \$ 100 | MONETARY |
| NAME | | ∐ IN-KIND |
| ADDRESS: NIKITa, Lee | 12/2/- | \$ (117) |
| CITY/STATE: 1890/ Lucerne Coul | 17/1/05 | * 100 |
| CITY/STATE: 1890/ Cucerne Court EMPLOYER: Stilling Mo 63138 | \$ //- | MONETARY |
| COMMITTEE. | * 100 | ☐ IN-KIND |
| NAME: Susie McFarland | | |
| CITY/STATE: 2207 510 neg EMPLOYER: St. Lows Mo. 63104 | 12/7/05 | \$ 25 |
| EMPLOYER: St. Long Mo 63104 | | MONETARY |
| COMMITTEE: | \$ 25 | IN-KIND |
| NAME: Classical Dar | | I IVIONO |
| ADDRESS: 5how Me PAC CITY/STATE: 939 Laboron Dr | 12/2/ | \$ 100 |
| CITY/STATE: 939 Laborron 11 | 1/1/05 | |
| EMPLOYER: Stilous Mr. 63104 | \$ LLOO | MONETARY |
| | | IN-KIND |
| SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5) 7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES | , | \$ 625 |
| 8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7) | • | +\$4675 |
| 9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS | | \$5300 |
| 10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS | | \$ |
| B. NON-TEMIZED CONTRIBUTIONS RECEIVED | | \$ |
| (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS) | , | AMOUNT RECEIVED |
| 11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM | CD1A | \$ |
| 12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS | | \$ |
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| 14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING | \$100 OR LESS | \$ |
| C. LOANS RECEIVED | 16. DATE | 17. AMOUNT OF LOAN |
| 15. NAME AND ADDRESS OF LENDER | RECEIVED | (IF MORE THAN \$100 ATTACH CD-1B) |
| NAME: | | |
| ADDRESS: | : | \$ |
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| 19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES 20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19) 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) | , | \$ \$ |
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MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

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| INSTRUCTIONS | 1 - 1)/ | 70 |
| PURPOSE: The purpose of the Contributions Received supplement is to provide a printed of | utling for attaching additi | onal pages to Form CD1 |
| (Contributions Received). This form should be used as additional space for reporting perso committee contributions. This form may be reproduced as needed. | | |
| Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Item Form CD-1. | ized Contributions From | Any Attached Pages) on |
| If further information is needed concerning reporting itemized expenditures, see Form CD-1 | Instructions. | |
| A. ITEMIZED CONTRIBUTIONS RECEIVED | 4. DATE RECEIVED | 5. AMOUNT RECEIVED |
| FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. | AGGREGATE TO DATE | (CHECK IF MONETARY OR IN-KIND) |
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: () () () () () () () () () () () () () | / / | |
| ADDRESS: Jona LUSK CITY/STATE: 3020 Knowlein | 17/2/05 | \$ 25 |
| EMPLOYER: Stilers Mr. 63/06 | \$ 25 | MONETARY IN-KIND |
| NAME: ADDRESS: MISSOURI OSSOCIALIEN J. Municipal Whities CITY/STATE: 2407 WASh | 12/2/5 | \$ 150 |
| EMPLOYER: Columbia Mo | \$ 160 | MONETARY IN-KIND |
| NAME: () | 7)0 | L IN-KIND |
| ADDRESS: West Country Radiological Group's | 10/15/20 | \$ 300 |
| EMPLOYER: 101 South Hanley 63105 | \$ 300 | MONETARY IN-KIND |
| NAME: Monsoites Company | 126/ | \$ 250 |
| CITY/STATE: 800 N lindbergy | 1/105 | → 3CC MONETARY |
| COMMITTEE: It len 1/16, 6)16 | \$ 300 | IN-KIND |
| NAME: Dealers Intersted in Government ADDRESS: CITY / STATE: P. O. Box 245 | 12/165 | \$ 300 |
| EMPLOYER: Jefferson City, Mo 65102 | \$ 300 | MONETARY IN-KIND |
| NAME: ADDRESS: 5 Tone, Leyton & Gershman | 0// | \$ 300 |
| CITY/STATE: 9733 Forsyth Blod | 1440 | l |
| EMPLOYER: Sto Corus Pho. 63105 | \$ 300 | MONETARY IN-KIND |
| NAME: ADDRESS: STone & alter place & slate | 12/2/06 | \$ 300 |
| CITY/STATE: 7733 Forsych (Stool | 1705 | ☐X MONETARY |
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| NAME: ADDRESS: Boardwolk Corp Centres CITY/STATE: 1001 Boardwolk Spring Place | 12/5/05 | \$ 300 |
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| TOTAL: ITEMIZED CONTRIBUTIONS | | \$ 1975 |
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MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

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| INSTRUCTIONS 4 STATE PAGE | | 701 |
| PURPOSE: The purpose of the Contributions Received supplement is to provide a printed | suffice for ottoching additi | and page to Farm ODA |
| (Contributions Received). This form should be used as additional space for reporting person committee contributions. This form may be reproduced as needed. | ons contributing more than | s \$100 and for |
| Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Item | nized Contributions From A | Any Attached Pages) on |
| Form CD-1. | | |
| If further information is needed concerning reporting itemized expenditures, see Form CD-1 | Instructions. | |
| A. ITEMIZED CONTRIBUTIONS RECEIVED | 4. DATE RECEIVED | 5. AMOUNT RECEIVED |
| FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING | | (CHECK IF MONETARY |
| MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) | AGGREGATE TO DATE | OR IN-KIND) |
| NAME: | DATE | |
| ADDRESS: Creek Velley LLC | 1 1 1 1 1 - | \$ 300 |
| CITY/STATE: 1001 Brandwalk Spring Place | 1/2/05 | * 500 |
| CITY/STATE: 1001 Boardbalk Spring Place EMPLOYER: COMMITTEE: O Fallon Mo 633 66 | \$ 1300 | MONETARY |
| NAME: | 1 100 | IN-KIND |
| NAME: ADDRESS: Fovenwood LLC CITY/STATE: OO Boardwalk spring/lave EMPLOYER: COMMITTEE: O Fallon Mo. 63366 | 15/-/- | \$ 300 |
| CITY/STATE: 100 1 Broad - DA - DA | 147405 | * 500 |
| EMPLOYER: | \$ 200 | MONETARY |
| COMMITTEE: O fallen Mo. 63366 | * 300 | IN-KIND |
| NAME: ADDRESS: STEVEN M. STONE | $\int f$ | • > |
| ADDRESO: | 12/260 | \$ 300 |
| | [| MONETARY` |
| EMPLOYER: Status Mo 63131 | \$ 300 | IN-KIND |
| NAME: Western anesthesiologicassa. | | |
| ADDRESS: | 1/1/ | \$ 300 |
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| EMPLOYER: COMMITTEE: Bullwin Ms 63011 | \$ 300 | MONETARY IN-KIND |
| NAME: ((A) | 200 | IN-KIND |
| ADDRESS: Stay MAJOR 2005 | × - / / - | \$ 300 |
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| COMMITTEE: Stilory / No. 63/09 | * 50C; | L IN-KIND |
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| COMMITTEE: Stelving Mrs. 63/16 | \$ 100 | IN-KIND |
| NAME: | /// | |
| ADDRESS: J. W. allan | 12/0/00 | \$ (00 |
| CITY/STATE: 2140 Parage DV | 1/8/01 | C |
| EMPLOYER: Chesterfield Ma 63017 | \$ 100 | MONETARY IN KIND |
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| | | \$ 1960 |
| (CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHE | D PAGES" ON FORM CD- | 1) |



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

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| NAME OF COMMITTEE O | DATE | 2. 所然。有自身他与4.5。在 等是表的解析 的称。 |
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| INSTRUCTIONS | | |
| PURPOSE: The purpose of the Contributions Received supplement is to provide a printed | outline for attaching addit | ional pages to Form CD1 |
| (Contributions Received). This form should be used as additional space for reporting personal committee contributions. This form may be reproduced as needed. | ons contributing more tha | n \$100 and for |
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| Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Item Form CD-1. | nized Contributions From | Any Attached Pages) on |
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| A. ITEMIZED CONTRIBUTIONS RECEIVED | 4. DATE RECEIVED | 5. AMOUNT RECEIVED |
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| ADDRESS: Third Eye Sovertwent & Develowert Corp CITY/STATE: 625 NEuclif | 1 /2/2/ | 1 \$ 700 |
| CITY/STATE: 625 NEWLIN () | 1 1/1/05 | * 200 |
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| COMMITTEE: Mc Lovis Mb. 67/08 | \$ 700 | IN-KIND |
| EMPLOYER: COMMITTEE: Ft. Lovis Ms. 63/08 NAME: ADDRESS: Newlth Care Leadership Committee CITY/STATE:) 1648 Gravais Ad EMPLOYER: | 1 | |
| ADDRESS: | 12/24/05 | \$ 300 |
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| Di committee: Stelving Ms. 63126 | \$ 300 | MONETARY |
| NAME: | 3 0 | IN-KIND |
| ADDRESS: Omeren PAC CITY/STATE: P.O. Box 780 | | \$ 300 |
| CITY/STATE: P.O. BOX 780 | 12/28/05 | + >0- |
| | ¢ _ | MONETARY |
| COMMITTEE: Jufferson City Mo 65102 | \$ / 300 | in-kind |
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MISSOURI ETHICS COMMISSION EXPENDITURES AND CONTRIBUTIONS MADE

| INSTRUCTIONS ON REVERSE SIDE | | \ | |
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| 1. NAME OF COMMITTEE P | A C | 2. REPORT DATE | |
| Tubord 4 Sale | lef) | 12/3//0 | <u>S</u> |
| A. EXPENDITURES OF \$100 OR LESS BY CATEGOR | _ | | 4. AMOUNT PAID OR |
| (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B B 3. CATEGORY OF EXPENDITURE | ELOW) | | INCURRED THIS PERIOD |
| O. OVIESON OF EN ENDITONE | | <u> </u> | \$ |
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| E CURTOTAL NON ITEMIZED EXPENDITURES THE PAGE (2.114.6 | | | \$ |
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| 6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PA | | | +\$ |
| 7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + B. ITEMIZED EXPENDITURES ALL OVER \$100 | 6) | 10. PURPOSE - (IF | \$ |
| B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS | 9. DATE | PAYMENT WAS TO A | 11. AMOUNT THIS PERIOD |
| 8. NAME AND ADDRESS OF RECIPIENT | 9. DATE | CAMPAIGN WORKER, SHO | WITE AMOUNT THIS PERIOL |
| NAME: Mo-Ethics state Missonia | 1 / | AGGREGATE PAID) | \$ |
| ADDRESS: P.O. Box 1254 | 10/10/5 | 146 | Treate 2/0,00 |
| CITY/STATE: Peller CM Clay (102 | נשן דין יי | s coretiles | INCURRED |
| NAME: The Coolses | 1 / | | • |
| ADDRESS: GZC (Plane) | 17/4/ | | PAID 762,70 |
| CITY/STATE: Stylen My 63106 | 1 1/8/05 | & Binquet | INCURRED |
| NAME: mu-Ethics-State Misson | 1, 1, | | 6 |
| ADDRESS: 1254 | 1011/ | 145 | PAID 440,00 |
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| NAME: 100 6 h C C C. | 10/03 | 1 -4 | \$ 2.00 |
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| 12. SUBTOTAL: THIS PAGE (SUM COLUMN 11) | 1 / | | \$ 2/62,70 |
| 13. SUBTOTAL: ANY ATTACHED PAGES | | | +\$ 2280,00 |
| 14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 +13) | | | \$ 4442.70 |
| 15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14) | | ! | \$ /// |
| 16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD | | | \$ |
| 17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIO | D | | \$ |
| 18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIO | | | \$ |
| 19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FO | | <u>.</u> | \$ |
| C. MONETARY CONTRIBUTIONS MADE (REGARDLES | SS OF AMOUNT) | 04 DATE | 20 1110111 |
| 20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE | | 21. DATE | 22. AMOUNT |
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| 25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM | 23 + 24) | | \$ |
| 26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT | IIS DEDICE (OUR OF LOC | | \$ |
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MISSOURI ETHICS COMMISSION **EXPENDITURES MADE - SUPPLEMENTAL FORM**

| OFFICE: | USE ONLY |
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INSTRUCTIONS

PURPOSE: The purpose of the Expenditures Made supplement is to provide a printed outline for attaching additional pages to Form CD3 (Expenditures and Contributions Made). This form should be used as additional space for reporting itemized expenditures over \$100 and all payments to campaign workers. This form may be reproduced as needed.

Total all itemized expenditures at the bottom of the page and carry to item 13 (Subtotal: From Any Attached Pages) on Form CD-3.

| If further information is needed concerning reporting itemized expenditures, see Form CD-3 Instructions. | | | | | | | |
|----------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------|----------------------------------------|--|--|--|--|
| ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS NAME AND ADDRESS OF RECIPIENT | DATE | PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID) | AMOUNT PAID OR INCURRED THIS PERIOD | | | | |
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| Salama Market 1444 Nº 145t Stilers Mp 63106 | 12/8/05 | Foodgive away/xms | \$ 1.500 100 | | | | |
| Carl Hunt 1444 N 14th ST St. Comin Mr. 63106 | 12/6/05 | Toys for Kidies | \$ 380,00 | | | | |
| Show Me PAC 939 Cabaron Dr Stilony Ms 63104 | 12/30/05 | Rembersel Except most | \$ 100,00 | | | | |
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| TOTAL: ITEMIZED EXPENDITURES | | , , | | | | | |
| (CARRY TO ITEM 13 "SUBTOTAL: ANY ATTACHED PAGE | | \$ 2280 | | | | | |

Hubbard 4 State Rep. 1546 Biddle St. Louis Mo 63106

Dear, Show Me Pac

Thank you for the contribution for a total of \$400 dollars. However my candidate committee can only receive \$300 per Primary Cycle. Therefore I'm reimbursing \$100 to the Show Me Pac. Your support is greatly appreciated. Again thank you!!

Sincerely,

Rodney R. Hubbard

State Representative(58 DIST)